STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	157551	A. BUILDING _____ B. WING _____	R-C 03/08/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INTERIM HEALTHCARE OF SE INDIANA INC	**500 W EADS PKWY LAWRENCEBURG, IN 47025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{G 000}	INITIAL COMMENTS This was a federal home health post condition follow-up survey for complaints IN 00181132 and IN 00180705 Survey Dates: 3/4/2016 and 3/7- 3/8/2016 Facility #: IN003257 Medicaid #: 200424030 Facility census: Unduplicated skilled previous 12 months Skilled: 160 HHA only : 312 Personal Services: 0 Total: 474 Clinical records reviewed 5 Interim Healthcare of SE IN Inc, is precluded from providing its own home health aide training and competency evaluation program for a period of 2 years beginning 11-23-15, for being found out of compliance with the Conditions of Participation 42 CFR 484.10 Patient's Rights; 484.14 Organization, Services, and Administration; and 484.18 Acceptance of Patients, Plan of Care, and Medical Supervision.	{G 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.